



California's Health

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CALIFORNIA'S FIFTIETH YEAR OF VITAL REGISTRATION

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California is now completing its fiftieth year of effective registration of births, deaths and marriages. It seems worthwhile to review the progress made by the oldest bureau of the State Department of Public Health. The vital records and statistics functions of the present Bureau of Records and Statistics are based upon legislation which established the State Bureau of Vital Statistics in 1905.

While the basic functions of the vital records system have not changed, the scope of activities has increased with the tremendous growth of the State's population. The changing nature of California's health problems over this half century is clearly seen by an analysis of rates made possible by this continuous vital records system.

HISTORY OF VITAL REGISTRATION

Efforts to provide state-wide recording of births and deaths were begun as early as 1858 but effective registration requirements were limited to incorporated cities of over 100,000 population.

Prior to May 18, 1905, the law stated only that the State Board of Health "may devise some scheme whereby medical and vital statistics of sanitary value can be obtained." The biennial report of the board in 1904 emphasized that this law was faulty, that "we can devise schemes to gather vital statistics but our schemes have not the power of law. It is greatly to be hoped that the Legis-

lature will, at its coming session, pass laws making it possible for this board to collect these much needed and valuable statistics."

At its last session the Legislature enacted a law creating a Bureau of Vital Statistics under the supervision of the Secretary of the State Board

Malcolm H. Merrill, M.D., State Director of Public Health, center, holds copy of the first birth certificate filed by the department on July 1, 1905. James S. Fuller, Chief of the Vital Records Section, left, holds the first birth certificate filed on July 1, 1955. Paul W. Shipley, Chief of the Bureau of Records and Statistics, of which the Vital Records Section is a part, points out the great contrast between the two certificates. The one filed in 1905 is a simple form, with little information beyond identification and dates; the 1955 certificate contains more information which is used to provide a better picture of today's new citizens. In between these two certificates, the department in 50 years has registered nearly 11½ million certificates, each of which represents a birth, death, or marriage. The current rate is a half million a year, and is still going up.



of Health, "for the complete and proper registration of births, marriages and deaths for legal, sanitary and statistical purposes" and imposed the legal obligation on designated persons to report and record these events. The new law also provided for the appointment of a competent statistician and such clerical and professional assistance as might be required. The board secured the services of George D. Leslie of the U. S. Census Bureau as California's first public health statistician, but clerical assistance was limited to occasional aid from the secretary's office.

State-wide registration of births and deaths was begun in 1905 with the Secretary of the State Board of Health serving as ex officio State Registrar. Persons attending births deposited certificates of birth with the county recorder or with the health officer in cities having freeholders' charters. These local registrars were required to complete a Register of Birth and to deliver each month to the State Registrar the original birth certificates.

From this beginning the following events marked the bureau's development:

- 1906 California was admitted to the death registration area of the U. S. Bureau of the Census, the admittance requirements being (1) satisfactory registration laws, and (2) 90 percent completeness in reporting. Prior to this time the death registration area had consisted of 10 eastern states and the District of Columbia.
- 1919 California was admitted to the birth registration area, which had previously included 21 states and the District of Columbia.
- 1947 The Bureau of Records and Statistics was established within the Division of Administration of the State Department of Public Health with the present chief as the first full-time bureau chief. This bureau is responsible for carrying out duties vested in the State Registrar of Vital Statistics for the registration of births, deaths and marriages and for services to the public with respect to these records. The Bureau of Records and Statistics also provides a statistical service which, as its primary responsibility, offers leadership in developing records and statistics for use as effective administrative tools in the planning, operating and evaluation of departmental programs. This service assists administrative and



With some 11½ million certificates on file, preservation and storage of the records is a critical problem. During the past few years the department has been microfilming all certificates filed since registration began by the State in 1905. Complete implementation of the projected microfilm program will bring a modern solution to these preservation and storage problems. In the picture at left, Mary Cain, clerk in the Vital Records Section, stands between a double row of 40 vertical files containing about 1,000,000 certificates. In the picture at right one vertical file of 10 drawers contains the same number of records on microfilm. Mr. Shipley, left, and Mr. Fuller inspect a reel of microfilm.

medical personnel in determining what data are needed and how best to obtain them, and it includes the tabulation, analysis, interpretation, presentation and guidance in use of these data.

- 1948 Legislation provided that the health officer of any approved full-time health department is the local registrar in and for all registration districts within that health jurisdiction and shall perform all the duties of local registrar for birth and death registration. In addition, legislation provided for the filing of the certificate of registry of marriage as the single and complete document of the event. Previously, the marriage certificate was merely an accessory document. This change has greatly strengthened the record system relating to marriages.
- 1949 After comprehensive study to determine the practicability of various types of indexes for vital records, a book index which can be prepared inexpensively through the medium of punched cards was adopted. These indexes are distributed annually to the vital records custodians in the larger population areas.
- 1950 The federal birth registration test found California to be recording 99.1 percent of its births, making it one of 23 states to be recording 99 percent or more.

Today, the local registrars for birth and death registration receive certificates on forms prescribed and furnished by the State Department of Public Health; they make two copies, retaining one for their own records and sending one to the county recorder. The local registrars for marriage registration (county recorders) make one copy of each marriage certificate for their own records. All original certificates of birth, death and marriage are sent to the State Registrar where they are indexed and filed as permanent records.

VOLUME OF REGISTRATION

An increase in the State's population from 1,648,000 to an estimated 13,035,000 over the past 50 years has made California the largest single registration area in the Nation. This increase in population naturally has been accompanied by an increase in the volume of work. During 1906, the first full year of state-wide registration, the new bureau indexed 105,000 certificates in addition to preparing certified copies and answering requests for vital statistics. In 1954 the bureau registered, tabulated and an-

alyzed over 305,000 births, 109,000 deaths and 78,000 marriages.

In addition, some 125,000 requests for certified copies and other information were answered. The vital record in addition to being the basis for vital statistics, is also a legal document of major importance in meeting many personal needs of the individual. An important function of the Bureau of Records and Statistics is to issue certified copies of certificates and to verify the facts of birth and death for agencies which require evidence of such facts. The requests handled by the bureau comprise less than 10 percent of this activity throughout the State, the remainder being handled by local custodians.

During the first 50 years of registration there were 5,582,813 babies born in California, 3,343,646 persons died and 2,693,106 marriages were performed. More than eleven and one-half million certificates were on file at the end of this period. It is expected that the next 50 years of registration will at least triple this number of certificates on file.

The accumulation of millions of certificates has created a serious records management problem. The solution developed by the department provides for the use of microfilm copies of the certificates instead of the originals. When an additional microfilm copy is placed in safe storage, the required filing space is reduced to a small fraction of that formerly needed, and the permanency of the records is assured.

PRESENT ACTIVITIES OF THE BUREAU

The changing volume of registration and increasing emphasis on the utilization of vital statistics for research and for public health planning have combined to bring about continuous growth in the scope of the activities of the Bureau of Records and Statistics. At the present time, the bureau gives services to local registrars and others concerned with vital registration, the various bureaus of the State Department of Public Health, other governmental and private agencies, and the general public.

Information from the original certificates of birth, death and marriage is put into punched tabulating cards. Items such as cause of death and place

of residence are adapted to machine tabulating procedures by the use of codes. Tabulations of these cards provide basic vital statistics data as well as statistical information of special interest to the various programs of the department, such as chronic disease and maternal and child health. The punched cards also serve as the medium through which multiple copies of the birth and death index are prepared.

Machine tabulations of data are the basis for practically all of the statistical material prepared and issued by the State Department of Public Health. General data relative to births, deaths and marriages, known as vital statistics, are published in quarterly and annual reports. In addition, the bureau handles numerous requests for vital statistics data which are received from other agencies, private industry, and individuals throughout California. Statistical services relating to a program activity are usually provided by an analyst assigned to a given program. Other analysts are assigned to special projects and research studies as these are undertaken. Graphic artist, clerical and statistical typing services are available on a pooled basis.

VITAL STATISTICS, 1910-1954

A comparison of vital statistics rates for 1910 and 1954 gives an indication of the changes which have taken place during the last half century.

TABLE 1

SELECTED VITAL STATISTICS, CALIFORNIA,
1910 AND 1954
(1910 by Place of Occurrence; 1954 by
Place of Residence)

	1910		1954	
	Number	Rate	Number	Rate
Live births.....	32,138	13.4 ^a	306,037	24.3 ^a
Total deaths.....	32,398	13.5 ^a	109,402	8.7 ^a
Infant deaths.....	3,727	116.0 ^b	7,248	23.7 ^b
Maternal deaths.....	306	9.5 ^b	106	0.3 ^b
Estimated population.....	2,397,000		12,595,000	

^a Rates are per 1,000 estimated population.

^b Rates are per 1,000 live births.

SOURCE: State of California, Department of Public Health, Birth and Death Records.
State of California, Department of Finance, Division of Budgets and Accounts.

Births—although the birth rate has fluctuated widely over this period of time, a high of 25.2 births per 1,000 population was reached in 1947. Since then the rate has remained relatively high contrary to previous expectations.

Deaths—the death rate has followed a downward trend since registration was begun in California. The 1954 rate of 8.7 deaths per 1,000 population is the lowest in the history of the State. It is interesting to note the change in the ratio of births to deaths. In 1910 it was one to one; in 1954, there were three births to each death. Natural increase (the excess of births over deaths) alone, added almost 200,000 to California's population in 1954.

Infant deaths—the infant mortality rate has been dropping consistently over the years. In 1910 ten of every hundred infants born did not survive the first year. By 1945 this ratio had dropped to three infant deaths per hundred live births and is now approaching two per hundred live births.

Maternal deaths—complications of pregnancy, childbirth and the post-natal period caused only 106 deaths of California residents in 1954. Although the risk of dying from these causes is now less than four per 10,000 live births, more intensive study of individual deaths, now possible because of the small number, may decrease this risk even further.

Leading causes of death—the greatest change which has been taking

TABLE 2

LEADING CAUSES OF DEATH, CALIFORNIA, 1954
(By Place of Residence)

Cause of death	Rate	Percent of total
Total, All Causes.....	868.6	100.0
Diseases of the heart.....	333.3	38.4
Cancer.....	140.4	16.2
Vascular lesions affecting central nervous system.....	94.4	10.9
Accidents.....	53.1	6.1
[Certain diseases of early infancy.....	36.4	4.2
Influenza and pneumonia.....	22.5	2.6
General arteriosclerosis.....	22.1	2.5
Cirrhosis of the liver.....	17.2	2.0
Suicides.....	15.4	1.8
All other causes (residual).....	-----	15.3

NOTE: Rates are per 100,000 estimated population.

SOURCE: State of California, Department of Public Health, Death Records.

place is in the proportion of deaths due to communicable diseases as against those due to diseases usually chronic in nature. During the period 1910-1954 deaths from communicable diseases have decreased from 30 percent of the total deaths to 5 percent. As we have learned to control these acute diseases the life span of the population has increased and there has been a corresponding increase in the proportion of deaths due to chronic diseases. In 1954, chronic diseases accounted for 75 percent of total deaths. This shift in the mortality pattern has brought about changes in emphasis in public health planning and research.

The preceding table gives the leading causes of death for California in 1954.

Staph Outbreak Traced to Pastry

Creamed filled pastry has been incriminated in a food poisoning outbreak occurring recently in San Diego County. All 25 individuals eating the pastry in an employee dining area exhibited nausea, vomiting and diarrhea within two to three hours after consumption.

A commercial bakery prepared the pastry. The filling consisted of powdered skim milk, fresh cracked eggs, sugar, vanilla, corn starch and coloring. The employee who mixed the cream filling was found to have a blister on his hand incurred in mixing cement.

Gastric washing of one victim produced a Gram positive staphylococcus smear. Debris from the filler yielded hemolytic staphylococci.

Laboratory Chief Is Appointed to Armed Forces Disease Commission

Edwin H. Lennette, M.D., Chief of the Viral and Rickettsial Disease Laboratory, has been named to the new, six-member Commission on Rickettsial Diseases of the Armed Forces Epidemiologic Board, Washington, D. C.

The commission was organized to meet the demand for increased research in rickettsial diseases and to train professional personnel in this field of medicine. Dr. Lennette is also a member of the Armed Forces Commission on Influenza Surveillance.

James F. Rinehart, Vice President, State Board of Public Health, Dies Suddenly

James F. Rinehart, M.D., Vice President of the California State Board of Public Health and one of the Nation's most distinguished research pathologists, died suddenly November 30th in San Mateo. He was 54. He collapsed near the Mills Memorial Hospital in San Mateo, one of the several Bay area hospitals where he served as staff pathologist. His untimely death came as a shock to his many friends and professional associates.



Dr. Rinehart was appointed to the State Board of Public Health in 1942 by Governor Culbert L. Olson, and was reappointed for successive four-year terms by Governor Earl Warren in 1946 and 1950, and by Governor Goodwin J. Knight in 1954. He was elected by his fellow board members as vice president of the board 10 years ago and had served in that capacity since.

A native of Oakland, Dr. Rinehart attended Oakland schools, received his A.B. degree from the University of California in 1923 and his medical degree from the same university in 1927. After internship, he became an assistant in the Department of Pathology at the University of California Medical School, moving up to chair the Division of Pathology in 1941. He had been a full professor of pathology since 1942.

Dr. Rinehart made significant contributions to cancer research and was also deeply interested in the study of rheumatism and rheumatic fever. He served as President of the American

Department Appoints Joseph V. Thom Chief of Food and Drug Laboratory

Joseph V. Thom, a laboratory chemist with the State Department of Public Health since 1948, has been appointed Chief of the Food and Drug Laboratory, one of seven laboratories comprising the Division of Laboratories. Mr. Thom's appointment became effective November 1st upon the retirement of August F. Glaive, who had been Chief of the Food and Drug Laboratory since 1941 and had completed more than 42 years as a food and drug chemist with the department.

Mr. Thom obtained his B.S. in chemistry at the College of the City of New York in 1943, served as a meteorologist in the Air Force during World War II, and spent nearly two years as a chemist in private industry prior to joining the department in 1948. He was with the Hooper Foundation for Medical Research for several months immediately prior to joining the department. His first year was spent in the Food and Drug Laboratory, but since 1952 he has been assigned as an associate chemist in the Sanitation Laboratory.

Revision of Blood Bank Regulations Approved by State Board

Regulations for the operation of blood banks have been revised by the State Board of Public Health to keep pace with newer knowledge and changes in practices.

The revision includes a new set of standards on who can safely give blood. Blood bank operations, which were considered relatively simple several years ago, have been found to be increasingly complex as knowledge concerning them has advanced.

The revision and additions followed consultation with the department's advisory committee, with blood bank technical committees and with nationally recognized leaders in the field.

Society for Experimental Pathology in 1950, was a fellow of the American Association for the Advancement of Science, and a member of the American Public Health Association.

Dr. Rinehart is survived by his wife, Marie, and two sons, James F., Jr., 21, and Robert, 19.

Californians Elected to APHA Governing Council Announced

Three Californians were elected to the Governing Council of the American Public Health Association at the 83d annual meeting held November 14th-18th in Kansas City and several others are serving unexpired terms. The newly elected members to serve three-year terms include Dorothy B. Nyswander, Ph.D., Professor of Public Health Education, University of California School of Public Health; Edward S. Rogers, M.D., Professor of Public Health Administration and Medical Care Administration, U. C. School of Public Health; and Charles Senn, Engineer-Director of the Division of Sanitation, Los Angeles City Health Department. The complete list of Governing Council members, as well as section officers will be announced in the April APHA journal.

Californians on standing committees include Malcolm H. Merrill, M.D., State Director of Public Health, Chairman of the Committee on Research and Standards; Robert G. Webster, Chief of the Division of Administration, State Department of Public Health, Chairman of the subcommittee on salary study, Committee on Professional Education; and Rodney R. Beard, M.D., Professor of Public Health and Preventive Medicine, Stanford Medical School, Chairman of the Eligibility Committee. Charles E. Smith, M.D., Dean of the U. C. School of Public Health, has been named Chairman of the Nominating Committee for 1956.

At the Kansas City meeting, the American Public Health Association awarded 40-year membership certificates to three Californians—Walter H. Brown, M.D., Palo Alto, formerly Professor of Hygiene at Stanford and first dean of the U. C. School of Public Health, Chester G. Gillespie, first chief of the Bureau of Sanitary Engineering (1915 through 1946), State Department of Public Health; and Francis S. Pottenger, M.D., director of the Pottenger Sanatorium, Monrovia, and a former member of the State Board of Public Health.

A number of associations allied to APHA met during the Kansas City convention. Howard L. Bodily, Ph.D.,

Home Safety Project Wins National Award of Merit

An award of merit for exceptional public service in home accident prevention was presented the State Department of Public Health by the National Safety Council for the research work being performed by the department's Home Safety Study Project.

The department is exploring the field of home safety in a three-year study project financed by the W. K. Kellogg Foundation. The project, which began its work in 1953, is gathering and analyzing data concerning home accidents, seeking factors which would be subject to control by public health methods.

Preliminary results of a year-long health survey of the State already has disclosed that an estimated five million home accidents are suffered yearly by Californians, of which some 680,000 keep the injured away from work or usual activity for one or more days.

Gilbert L. Rhodes, Project Chief, this month was appointed Western Regional Vice President of the American Society of Safety Engineers.

Health Officer Changes

Alameda County

Oakland: Mary Elizabeth Garthwaite, M.D., has been appointed Health Officer for the Oakland City Health Department to succeed J. C. Geiger, M.D., who retired last month. Previously in private practice, Dr. Garthwaite had been in charge of the department's communicable disease program for the past year.

Sierra County

Loyalton: The City of Loyalton, the only incorporated city in Sierra County, is now served by the county. Sierra County has a contract with the State Department of Public Health for its public health services.

Chief, Division of Laboratories, State Department of Public Health, was elected chairman of the Conference of State and Provincial Laboratory Directors, and William Griffiths, Ph.D., Associate Professor of Public Health Education, U. C. School of Public Health, was elected chairman of the Society of Public Health Educators. Mrs. Ann W. Haynes, Chief, Bureau of Health Education, State Department of Public Health, is the president-elect of SOPHE.

New Films in Department Library

Two new films and a filmstrip have been added to the film lending library of the State Department of Public Health.

RETURN TO LIFE. Color. 25 minutes. 1955

Produced by the University of Illinois. Depicts the rehabilitation of the handicapped and their return to as normal a life as possible. The film covers many crippling conditions and gives a good "overview" of treatment for many conditions. For interested lay and professional groups.

A DAY AT WASHINGTON BOULEVARD SCHOOL. Color. 21 minutes. 1954

Depicts the activities in a Los Angeles city school for handicapped children who are suffering from abnormalities of the bones and joints, diseases of the brain and nervous system, diseases of the circulatory and respiratory systems, dysfunction of the endocrine glands, and other noninfectious and noncommunicable diseases which prevent their attendance at regular schools. The film documents the educational program of the school and pictures the therapeutic techniques employed in an effort to help these youngsters overcome, as far as possible, their various handicaps.

PLANT HEALTH PROGRAM. Filmstrip. Sound. 14 minutes. 1955

Produced by the U. S. Public Health Service. This filmstrip tells the story behind employee health services. By taking you to a printing plant in Louisville, Kentucky, to watch an employee health program in operation, it helps to answer such questions as: Why are employee health programs being established? What services do they provide? What do they accomplish? The value of such programs is presented in statistics showing reductions in the number of accidents, in the workmen's compensation rate, and in the number of working days lost due to illness. Of special interest to management, labor and the health professions.

V. D. Bibliographies Available

To assist physicians in keeping abreast of current developments in both the clinical and public health aspects of venereal disease control, the Division of Special Health Services of the U. S. Public Health Service publishes four times yearly in annotated bibliography containing abstracts of articles from the current scientific literature on venereal disease. Physicians in California who would like to receive this publication should address their request to the Regional Medical Director, U. S. Public Health Service, Room 441, Federal Office Building, San Francisco 2.

Independent CCS Program Starts in Marin County

On October 1st, the Marin County Health Department joined the ranks of county agencies which operate independent programs for physically handicapped children. This brings the number of counties in California carrying on independently operated Crippled Children Services programs to a total of 18. They are Alameda, Contra Costa, Del Norte, Fresno, Humboldt, Kern, Los Angeles, Marin, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Sonoma and Ventura Counties. These 18 counties have a combined population of 10,368,000, 80 percent of the State's total population.

However, all counties of the State are legally required to operate a service program for their crippled children. There are two general patterns of operation of the crippled children services program in the counties of California. With both patterns, either the county health department or the county welfare department carries the budget for the care of crippled children and state funds are available to augment the local budget.

A county which has neither staff nor facilities available locally for the care of physically handicapped children may conduct a program in direct cooperation with the State Department of Public Health. In such a county the local agency retains responsibility for case finding, determination of economic eligibility, referral for services and following the cases to completion. The State Department of Public Health assigns cases to the nearest available medical facilities, authorizes services, pays bills, provides statistical services and consultation.

A county with a large caseload and facilities available either in or near the county may operate a so-called "independent" program, if its services meet minimum standards set by the State Board of Public Health. In such a county the planning for medical care, authorization of services, direct payment of bills and other related activities are functions of the local agency. The State Department of Public Health offers consultation

Carbon Tet Danger Warnings Again Issued to Public

The State Department of Industrial Relations, Division of Industrial Safety, has again issued a warning to the public about the use of carbon tetrachloride, and their warning is underscored by the Bureau of Adult Health, State Department of Public Health.

The two departments carry on a continuous educational campaign on the dangers of this commonly used solvent. Because carbon tetrachloride is not explosive, users are often lulled into thinking it is a safe solvent. Actually it is one of the most harmful of the common solvents.

Most of the carbon tet injuries come from breathing the vapors. This can produce severe and even fatal damage to the kidneys and liver. At least 20 California workers have been killed by carbon tetrachloride in the last few years, and more than 200 have been disabled by it. (Figures reported to Department of Industrial Relations.)

Authorities have come to the conclusion that more than one part of carbon tet in 40,000 parts of air is dangerous, so Safety Orders of the Division of Industrial Safety now place this as the maximum allowable concentration. That is the equivalent of half a teaspoon of carbon tet vaporized in a room 10 feet long, 10 feet wide, and 10 feet high.

Safety orders now require a "Danger" label on all containers with a statement that carbon tet is a hazardous vapor and liquid, and that it may be fatal if inhaled or swallowed.

People are warned not to rely on their sense of smell to detect carbon tet danger, for if its odor can be detected, the concentration is well beyond the safe limit.

and provides certain statistical services.

It has long been the philosophy of the department that the needs of the handicapped child are better met when the child, the medical facilities and administration are as close together as possible. The growing trend toward independent operation of Crippled Children's programs by county agencies is in accord with this philosophy.

Dr. Merrill Appointed to Committee Of National Cancer Institute

Malcolm H. Merrill, M.D., State Director of Public Health, has been appointed by Surgeon General Leonard A. Scheele to serve as a special consultant to the National Cancer Institute. Dr. Merrill will be a member of the Cancer Control Committee, which has responsibility for reviewing applications for grants-in-aid for field investigations to the National Advisory Cancer Council for action. In addition, as a consultant, he is being requested to "study the field of cancer control in order to determine phases of the problem being neglected and in need of stimulation." Members of the Cancer Control Committee can suggest suitable programs and recommend their support by field investigation grants-in-aid.

The Cancer Control Committee will hold its next meeting in January at Bethesda, Maryland.

San Diego Chiropractor Sentenced On False Advertising Charges

Dr. Gordon E. Chandler, a San Diego chiropractor, pleaded guilty in October to four counts of falsely advertising drugs and devices before Municipal Court Judge Ronald Abernathy, was fined \$500 and placed on three years' probation.

The chiropractor was arrested following an investigation by state and local enforcement agencies in which diagnostic and treatment machines were confiscated. Quantities of vitamin preparations, reportedly used for treating various ailments, and information from patient clinical records were taken for further investigation.

The arrest was made upon complaints that Dr. Chandler was using a diagnostic device to determine human ailments and then prescribed vitamin pills or machine treatment.

Public Health Positions

Ventura County

Bacteriologist: This is a staff position with a salary starting at \$360, the third step in a range that goes to \$397.50. California Public Health Bacteriologist license required. For further information write to Frank E. Gallison, M.D., Director, Ventura County Health Department, Court House, Ventura.

Foreign Public Health Workers Visit Department

Sixty-eight public health representatives from 22 countries have visited the State Department of Public Health since October of 1954 when these visitors were last listed in *California's Health*.

Because of the advances in public health in California, coupled with the broad variety of economy, industry and topography of the State, this department is a regular "port of call" for these distinguished representatives of world health. While here they discuss their public health problems with staff members and arrangements are made for them to tour the facilities of local health departments and other health organizations.

The names and positions of the recent visitors are:

AFRICA

Egypt

- Mr. Fouad I.A.A. Abouzaghla, Mechanical Engineer, Ministry of Municipal and Rural Affairs, Cairo.
Dr. Demerdash Ahmed, Deputy Director General, Department of Preventive Medicine, Ministry of Health, Cairo.
Mr. Makram Kaiser, Chief Technician in the Zoology Department of the Naval American Research Unit Number 3, Cairo.
Mr. A. E. Sarhan, Statistician, Medical Research Laboratories, Cairo.
Dr. Sayed Swellim, Deputy Director General of the Rural Health Department, Ministry of Health, Cairo.

Uganda

- Dr. John D. Gillett, Entomologist, Virus Research Institute, Entebbe.

ASIA

India

- Mr. Shankar Keshar Borkar, Advisory Chemist, Directorate General of Health Services, National Ministry of Health, New Delhi.
Dr. S. S. Sriramacharyulu, Assistant Research Officer, Indian Council of Medical Research, New Delhi.
Dr. N. R. Ramakrishnan, Research Health Officer, Communicable Disease Control, Office of the Director of Public Health, Madras.
Dr. N. J. Sethna, Assistant Professor, Maternal and Child Health, All India Institute of Hygiene and Public Health, Calcutta.

Indonesia

- Mr. Raden Soekro Wirasendjaja, Administrative Officer, Ministry of Health, Djakarta.

Iran

- Dr. Nina Ambarsumian, Chief of Maternal and Child Health Clinic, Shiraz.

- Mr. Gholam A. Meykadeh, Director of City Waterworks, Teheran.
Dr. Ghassem Motamedi, Co-Director of Azarbaijan Public Health Cooperative Organization, Tabriz.

Iraq

- Dr. Abdul M. Al-Kassab, Minister of Health, Baghdad.
Dr. Hashim Barakat, Health Director of the Capitol, Baghdad.
Dr. Atiff M. Khalid, Physician in Charge, Central Dispensary for Students, Royal College of Medicine, Baghdad.
Mr. Jerges Mansoor, Superintendent of International Relations, Ministry of Health, Baghdad.
Mr. Abdul W. Najem, Hospital Administration, Mosul.
Dr. Abdul H. Toukhy, Director General of Public Health, Baghdad.

Israel

- Mr. Jacob Alperovitz, City Engineer, Petah, Tigra.
Mr. Eliezer Boneh, Director of Cleansing Department, Municipal Corporation of Haifa.
Dr. Shabbetai Ginton, Public Health Educator.
Mr. Zusman Jawitz, Principal Assistant to Director of Sanitation, Municipal Corporation of Tel-Aviv.
Mr. Moses Lillen, District Sanitary Engineer for the Tel-Aviv District.
Mr. Heinz Steinberg, Deputy Sanitary Surveyor of Jerusalem.

Japan

- Dr. Michio Hashimoto, Chief of the Public Health Service, Toyonaka Health Center, Osaka Prefecture.
Dr. Nobuyuki Takemori, Chief of the Second Laboratory, Department of Virus and Rickettsial Diseases, National Institute of Health, Tokyo.
Kosaku Oka, Chief, First Technical Sub-section, Food Sanitation Section, Public Sanitation Bureau, Ministry of Health and Welfare, Tokyo.
Dr. Itsuzo Shigematsu, Department of Epidemiology, Institute of Public Health, Ministry of Health and Welfare, Tokyo.

Jordan

- Fakhry F. Kavar, Supervisor, Vital Statistics, Department of Statistics, Ministry of Health, Amman.

Korea

- Dr. In Dal Kim, Associate Professor of Medicine and Hygiene, Seoul National University, Seoul.
Dr. Young C. Lee, Director, Rural Health Foundation, Ministry of Health, Ministry of Agriculture and Forestry, Cholla-Pukdo.
Dr. Yeon Choo Kim, Chief, Public Health Section, Ministry of Health, Seoul.
Dr. Yoon-Mo Luke Roh, Superintendent, Government Hospital of Republic of Korea, Seoul.

Philippines

- Dr. Gabino V. Balbin, Health Officer Vizcaya District, Bureau of Health, Manila.
Mr. Mariana A. Batav, Assistant to Chief General Inspection Service, Department of Industrial Safety, Manila.

- Mr. Jose Familiar, Sanitary Inspector in Rural Health Demonstration and Training Center, Quezon City.

- Dr. Pablo N. Marquez, Chief of Marinduque, Provincial Hospital, Boac, Marinduque.
Mr. Jacinto B. Perez, Engineer on Staff of the Malaria Control Division, Rizal Field Unit.

- Dr. Ordonio J. Reyes, Senior Resident in Surgery, North General Hospital, Espana, Manila.

- Dr. Maximino Santos, Malarialogist of the Malaria Control Division, Manila.

- Dr. Augusto A. Uyenco, Medical Assistant, Rural Health Unit Project, Bureau of Health, Manila.

- Vicente F. Buencamino, Field of Sanitary Engineering, Department of Health, Manila.

- R. H. Concepcion, Field Sanitary Engineer, Community Water Supply, Bureau of Health, Manila.

- Dr. Sofia Bona de Santos, Chief of the Tuberculosis Section, Department of Health, Manila.

- A. C. Ocampo, Supervising Sanitary Engineer, Department of Health, Manila.

- Dr. Justiniano R. San Augustin, Assistant District Health Officer, Davao, Department of Health, Manila.

- Dr. Severo P. Senen, District Health Officer, Department of Health, Manila.

Taiwan

- Dr. Tien M. Chan, Superintendent of the Taiwan Provincial Chia-yi Hospital, Taiwan Provincial Health Administration, Taipei.

- Dr. Nan Yang Hsu, Superintendent of the Taiwan Provincial Hsinchu Hospital, Taiwan Provincial Health Administration, Taipei.

Thailand

- Dr. Term Vajrasthira, Chief Malaria Office, Chiangrai and Lampang Units, Malaria Control Program, Department of Health, Ministry of Public Health, Chiangrai.

- Dr. Vimol Notananda, Medical Officer, Malaria Control Unit for Northern Region, Department of Health, Ministry of Health, Chiangrai.

Viet Nam (Free)

- Dr. Nghiem Lenh Thieu, Public Health Physician, Ministry of Health, Saigon.

AUSTRALIA

Australia

- Dr. Harry R. Bailey, Medical Officer, Resident Psychiatrist, Research Psychiatrist, New South Wales Department of Public Health, Division of Mental Hygiene, Sydney.

- Dr. David W. Johnson, Deputy Director General of Health and Medical Services, State of Queensland.

- Dr. A. R. Southwood, Director General of Public Health for South Australia, Adelaide.

EUROPE

Denmark

- Dr. Carl J. Mollenbach, Deputy Chief Medical Officer of the National Health Service, Copenhagen.

Germany

Dr. Helmut Lechler, Lecturer in Social and Child Psychiatry of the Frankfurt School of Social Work, Director of the Frankfurt Child Guidance Clinic, Consultant at the Frankfurt Youth Court, Physician of the Board of Health, Frankfurt.

Dr. Viktoria Sophie Steinbiss, Physician, Member of Parliament, (Bundestag) Bielefeld.

Italy

Dr. Brenno Babudieri, General Bacteriologist Inspector, Institute Superiore di Sanita Roma, Rome.

Netherlands

Dr. Gerard F. Wilmink, Director Provincial Food Control Laboratory, Gornigen.

SOUTH AMERICA**Brazil**

Dr. Murillo V. Bastos, Member of the Commission for the Study and General Reorganization of the Department of Medical Services of the Institute of Retirement and Pensions for Commercial Workers.

Dr. Eduardo Z. Faraco, Professor of Clinical Therapeutics, Director Institute of Cardiology, Department of Health, State of Grande do Sul.

Mr. Pedro Gondim, Industrial Hygiene Service, State of Rio de Janeiro.

Chile

Mr. Raul Pepper, Chief of Personnel Department of the National Health Service, Public Health Ministry, Santiago.

Paraguay

Dr. Jesus A. S. Riera, Pediatrician, Ministry of Public Health, Asuncion.

Most public health people believe today that good health cannot be forced upon individuals, but when they are educated to its advantages and its value, they work to secure its benefits for themselves, their families and their communities.

DR. LEROY E. BURNEY
Health Officers News
Digest, September, 1955

New Dental School Building Dedicated at Loma Linda

The new \$1,000,000 School of Dentistry building on the Loma Linda campus of the College of Medical Evangelists was recently dedicated. Dean W. C. Fleming of the University of California College of Dentistry was the principal speaker at the dedication ceremonies. Facilities provided in the modern 50,000 square foot building include classrooms, offices, and clinics for training a maximum of 200 dental students. A total of 114 adults and children may receive dental care at one time. An unusual feature is that music is piped throughout the building.

V. D. Clinics in California

There are at present 121 venereal disease clinics in California of which 91 are administered by local health departments. Clinics are operated in more than one location (district health centers, etc.) by 21 health departments, and 33 health departments operate a single clinic only.

The word, hygiene, in its largest sense, signifies rules for perfect culture of mind and body; it is impossible to dissociate the two; the body is influenced by every mental and moral action; the mind is profoundly influenced by bodily conditions.

DR. THOMAS M. LOGAN
Health Officers News
Digest, September, 1955

(Ed. Note: Dr. Logan was first Secretary, California State Board of Health, 1870-76.)

V. D. Morbidity

During the first six months of 1955 there was an 8.5 percent decrease in total reported cases of syphilis in California as compared to the same period in 1954, and an 11 percent decrease in reported cases of gonorrhea. Reported cases of primary and secondary syphilis showed a 27 percent decrease. During the first six months of 1954, 3,636 cases of syphilis and 8,190 cases of gonorrhea were reported as against 3,331 cases of syphilis and 7,308 cases of gonorrhea in the same period in 1955. Cases of primary and secondary syphilis reported decreased from 255 to 185.

GOODWIN J. KNIGHT, Governor
MALCOLM H. MERRILL, M.D., M.P.H.
State Director of Public Health

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Executive Officer
Berkeley

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